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ABSTRACT

Three health science library organizations are briefly discussed. The organizations are: (1) Metropolitan Detroit Medical Library Group, (2) Health Science Librarians of Northwest Ohio, and (3) Medical Library Association of Northern Ohio. This paper provides a perspective in which to report the efforts the three groups have made to improve library service. The efforts are experiments in social organization of library systems and networks. The organizations have the following characteristics in common: (1) they are located within metropolitan areas, (2) the groups have demonstrated a stability and continuity, (3) each of the groups has as one of its members a resource library, and (4) collective action by the group has produced demonstrable results affecting the kind and quality of service throughout their areas. (MF)

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UNIVERSITY OF MICHIGAN
HEALTH SCIENCE LIBRARIES

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UNIVERSITY OF CINCINNATI
MEDICAL CENTER LIBRARIES

CLEVELAND
CASE WESTERN RESERVE UNIVERSITY
CLEVELAND HEALTH SCIENCES LIBRARY

COLUMBUS
OHIO STATE UNIVERSITY
HEALTH CENTER LIBRARY

DETROIT
UNIVERSITY OF DETROIT
SCHOOL OF DENTISTRY LIBRARY
WAYNE STATE UNIVERSITY
MEDICAL LIBRARY

EAST LANSING
MICHIGAN STATE UNIVERSITY
SCIENCE LIBRARY

LEXINGTON
UNIVERSITY OF KENTUCKY
MEDICAL CENTER LIBRARY

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Health Science Library Organizations*

by
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Detroit
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The provision of health care is creating an increasingly complex social organization and, as with all social organizations, requires a stable communication system. One part of the communication system to support health care, research, and education is that institutionalized for the scholarly record through libraries. Although much has been written, some of it based on investigation and experimentation, on the possible use of electronic equipment for storage, retrieval, and dissemination of the scholarly record, the extinction of libraries as they have been, and still are today, does not appear to be imminent. The number of biomedical personnel in Kentucky, Ohio, and Michigan (KOM) who need access to the scholarly record is now so large that even with the best communication and document distribution system, the task of providing access services to this large population on an individual basis would be an impossible task for the existing 10 biomedical resource libraries of KOM to undertake. Only by using and expanding the library resources and services in all biomedical institutions can any hope of access to the scholarly record for physicians, dentists and other health professionals be attained.

Health science libraries are located in different kinds of institutions, each with its own policies of services which are dependent upon the institutional mission. The general attitude toward maintaining support for library and other information services is related to this institutional mission. There is no standard that can be applied to the many kinds of institutions which state the kind, quality and extent of library service that should be available. Even if all institutions which now do not have a library serviced by a staff were to create such a facility, access to the scholarly record probably still could not be assured to all health professionals. Since electronic access is, at present, not feasible, and since only a few of the thousands of health related institutions can afford to support what is identified today as a resource library, the only alternative appears to develop further the tradition of librarianship -- the sharing of resources and talents of separate institutions.

The idea of cooperation and consolidation of library services among institutions is not a new one. (1) The major difficulty in effecting and maintaining interdependent library relationships is the concept that interinstitutional cooperation implies some kind of centralized control. If this is the only way to develop cooperation among institutions, little hope can be extended for great improvement in

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(1) cf. R. Blasingame and E. R. Deprospo. "Effectiveness in Cooperation and Consolidation in Public Libraries". In, M. L. Voight, ed., Advances in Librarianship. New York, Academic Press, 1970, pp. 189-206.

the future. As a service organization the library has its mission -- to assist the members of the staff of its supporting agency. The library cannot expend its energies or dissipate its resources to those outside without losing its mission. During periods of wealth a library may be expansive to the outsider, but such generosity is tenuous.

Institutional independence has come under careful scrutiny during the past two decades. A great deal of federal legislation has been enacted with the purpose of promoting "regionalism". The Medical Library Assistance Act created the regional medical library (RML) of which KOMRML is a result. Whether done with wisdom aforethought or whether an accident of administrative thinking, the RML, as it is being supported by federal funds, has not endorsed central control of health science libraries. The effort has been concentrated in establishing library service elements in central agencies. Such disbursement of services in a few institutions can survive only with a continued infusion of federal funds.

To summarize: If it is a valid statement that biomedical personnel need better access to the scholarly record and that our existing library organization is inadequate, the following appear as possible alternatives for action:

1. Develop electronic technology to replace the present means of the retrieval and distribution of information; this approach is still too experimental technologically and too untested socially to be put forth as a feasible method for some years.

2. Create a centralized health science library operation involving consolidation of library units resulting in a "system" of libraries; this system hierarchy concept has not been demonstrably successful with public libraries and perhaps has less chance of success in medicine because of the diversity of mission oriented health institutions.

3. Socialize existing resource libraries to supply services to institutions and individuals; the RML program might be described as an effort to test this alternative; a continued "disinterested" source of funds will have to be supplied; but perhaps more important, is the mere expansion of an existing institution a useful means for organizing a national library service? Resource libraries were not designed to undertake such functions and in the long run socialization may prove to be a misuse of a national resource.

The evolution of the institutionalization of information services may ultimately result in a synthesis of all three of the above approaches. This will require changing our present patterns of providing library services. When there is no hope for change, people can be tolerant. When hope is aroused through reported technological or social advances, then people become intolerant of the impediments preventing the expansion of needed services or the establishment of new services, especially when such impediments stem from inertia, tradition, or administrative inability to plan for change. The central problem for

those in charge of operating or working within our bureaucratic society becomes how to control and implement change in incorporating today's advances with the useful practices of yesterday.

This introduction is to provide a perspective in which to report the efforts of three groups to bring about improved library service. A careful examination of the formation of these groups could perhaps reveal values and objectives that are arising from the "grass roots" through interinstitutional action. This report is not meant to be an historical account, but rather an identification of the activity of health sciences librarians. The efforts of these groups can be viewed as experiments in the social organization of library systems and networks. An appreciation and understanding of this kind of collective action is the first step in furthering planning for the ultimate role of RMLs.

METROPOLITAN DETROIT MEDICAL LIBRARY GROUP

This organization is the oldest of the three, but the most recent to become organized in a formal way. (See Appendix 1) The Michigan Chapter of the Special Libraries Association (SLA) has members who are health science librarians. The member health science librarians frequently brought guests to the chapter meetings. When the health science librarians realized that they were themselves a community of librarians with interests that differed from the Biological Sciences Division of SLA, is nowhere recorded, but sometime after World War II the health science librarians began to meet separately from SLA. At first these meetings were primarily social; the librarians met for dinner and engaged a speaker who dealt with library or medical problems. As the group began to recognize itself as a body which could take collective action, (2) the first activity that was attempted was a journal indexing project. The objective was to reduce the time lag between journal publication and the publication of indexes. This experiment, begun in 1953 by 11 libraries, did not prove manageable; however, it did reveal a willingness to try to solve common problems. The following is a list of activities sponsored by the group since then.

1. Exchange program. Beginning in 1962, institutions and agencies supporting medical publications supplied subscriptions to be used for exchange of foreign journals which would be held and maintained at Wayne State University.

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(2) For a fuller description of the organizational development of the Detroit Group, see M. McNamara, Establishing a Medical Library Network for the Metropolitan Detroit Area. Wayne State University, School of Medicine Library. Report No. 20, May 1966; G. Cruzat, Metropolitan Detroit's Network.... Bulletin of the Medical Library Association 56:285-291, July 1968.

2. Union List of Serials. Also in 1962 a union list of serials was produced with the holdings of nine libraries included; the list now includes 22 libraries and will be expanded to over 30 libraries in 1971.

3. Starting in 1964 a series of studies were undertaken on various aspects of library administration and service; 56 studies have been produced over a six year period.

4. Union Catalog of Monographs. In 1966 a union card catalog was started with 10 libraries contributing information; over 20 libraries are now contributing to this catalog; the data of this card catalog was published as a book catalog between 1966-69, but was abandoned because of lack of funds.

5. Interlibrary loan agreement. In 1970 a formal interlibrary loan agreement was created with signatories of almost 50 institutions. (3)

6. Workshops, seminars, and study groups have continued to be an operational part of the group's activities.

MEDICAL LIBRARY ASSOCIATION OF NORTHERN OHIO

Miss Elizabeth Stein organized the first meeting of health science librarians in Cleveland at St. Luke's Hospital in April 1955. From this first meeting of 14 people the Medical Library Association of Northern Ohio has grown to a group that includes a mailing list of approximately 100. (See Appendix 2) This group also tried a journal indexing program, but had problems similar to those of the Detroit Group. During its 15 year history it has had at least one workshop or seminar almost every year. Although it did not sponsor the 1963 publication "Biomedical Serials in Twenty-four Metropolitan Cleveland Libraries", the membership did participate in its formation and contributed bibliographic data. As with the other two organizations discussed in this report, it continues to serve as a means for learning of the developments of library services.

HEALTH SCIENCE LIBRARIANS OF NORTHWESTERN OHIO

The latest of three groups to become organized within KOM is the Health Science Librarians of Northwestern Ohio. The first meeting was called by R. M. Watterson of the Medical College of Ohio at Toledo in November 1967, at the Academy of Medicine of Toledo. The group

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(3) See J. Smith; Kentucky, Ohio, Michigan Regional Medical Library Program. The development of an interlibrary loan agreement among biomedical libraries of metropolitan Detroit. KOMRML Papers and Reports, No. 7. August 1970.

immediately recognized the value of organizing and by September 1968 had adopted a Constitution and by-laws. (See Appendix 3) The major activity of this new organization in its four meetings per year has been to acquaint themselves with the resources and services being offered by the institutions represented in the membership and other agencies and programs. In 1969-70 the group organized a workshop on library operations and a seminar on hospital librarianship.

SUMMARY

The purpose here is not to identify the effectiveness of these local health science library organizations, but several observations can be made about them.

(1) The three groups are located within metropolitan areas. Apparently, the need for a library organization is easily recognized if the membership is large enough to hold productive meetings.

(2) Although the accomplishments may vary from year to year as well as the frequency of meetings, the groups have demonstrated a stability and continuity; once formed, the value of sharing experiences serves as a bond for the group.

(3) Each of the groups has as one of its members a resource library, or as in the case of Toledo, a developing resource library; this may be a necessary element for the establishment of such local organizations.

(4) Collective action by groups has produced demonstrable results affecting the kind and quality of service throughout their areas.

Because of the success of the three library groups to maintain themselves and undertake constructive activities, these agencies should be encouraged in their efforts, and perhaps KOMRML should investigate the possibility of establishing similar groups in other areas.

METROPOLITAN DETROIT MEDICAL LIBRARY GROUP

ORGANIZATIONAL GUIDE

ARTICLE I
NAME

The name shall be the Metropolitan Detroit Medical Library Group (MDMLG).

ARTICLE II
PURPOSE

The purposes shall be: To serve as a channel of communication between the members of the Group; to provide a mechanism for studying common problems and working on joint projects; to help improve the quality of service in member libraries.

ARTICLE III
MEMBERSHIP

Membership shall consist of any persons interested in medical or allied scientific libraries within the area of Metropolitan Detroit.

ARTICLE IV
EXECUTIVE COMMITTEE

The Executive Committee shall be as follows:

Section 1. Members - There shall be five members. The immediate past Chairman shall serve an additional year following his time in office.

Section 2. Qualifications - The Executive Committee members shall be active members of MDMLG.

Section 3. Length of term - Three years. The five members will be replaced as follows: two members the first year, two members the second year and one member the third year. The cycle will then be repeated.

ARTICLE V
OFFICERS

Section 1. The officers of MDMLG shall be the Chairman and the Secretary, to be elected by the Executive Committee from among the members of the Executive Committee. They will also serve as officers of the Committee.

Section 2. The terms of office shall be based on a calendar year. The Chairman and Secretary shall be elected for a one year term.

They will be elected by the Executive Committee from its membership at the first Executive Committee meeting of the calendar year and will serve at all meetings of the Executive Committee and the Group held during that year. Outgoing officers shall turn over their records and a brief description of their duties to their successors immediately on giving up the office.

Section 3. Duties - The Chairman shall preside at all meetings of the MDMLG, and shall perform the necessary functions of that office. The Secretary shall record minutes of the Committee and Group meetings and distribute them to the members of the Committee or the Group. The Secretary shall maintain a current membership list and shall provide a copy of that list to the next Secretary for mailing notices of meetings.

There shall be four meetings a year; two in the fall and two in the spring.

ARTICLE VII
COMMITTEES AND APPOINTMENTS

Section 1. Nominating Committee - This shall consist of three members appointed by the Chairman of the Group from the general membership. The Nominating Committee shall nominate either one or two new members to the Executive Committee each year as required by the replacement cycle described in Section IV, Paragraph 3. The report of the Nominating Committee shall be made to the Chairman of the Executive Committee before the calendar year. Nominations for officers may be made from the membership at large, provided they are submitted in writing to the Chairman of the Nominating Committee at least 30 days before the date of the meeting at which the election will be held.

Section 2. Committees shall be established, as needed, by the Executive Committee.

ARTICLE VIII
ELECTION OF EXECUTIVE COMMITTEE MEMBERS

New members of the Executive Committee shall be elected by secret ballot by the members of the MDMLG at the last general meeting of the calendar year.

ARTICLE IX
ARCHIVES

A permanent file of the minutes and other documents of the Group meetings, Executive Committee meetings and any other committees of the Group which may be established, shall be maintained at the Medical Library of Wayne State University.

ARTICLE X
APPROVAL

This Organizational Guide shall be present to the Group for discussion and comments prior to its approval.

THE MEDICAL LIBRARY ASSOCIATION OF NORTHERN OHIO

BY - LAWS

ARTICLE I
NAME

The name of this association shall be the Medical Library Association of Northern Ohio.

ARTICLE II
OBJECTIVES

The objectives of this association shall be the fostering of medical and allied scientific libraries and cooperation among the librarians of such libraries in this region.

ARTICLE III
MEMBERSHIP

The members shall be persons who are actively engaged in library or bibliographic work in medical or allied scientific fields or persons interested in the objectives of the association.

ARTICLE IV
DUES

Section 1. The annual dues shall be one dollar ($1.00) per year, payable on or before January 1st of each year.

Section 2. The fiscal year shall be the same as the calendar year.

ARTICLE V
OFFICERS AND COMMITTEES

Section 1. The Officers of the association shall be a President, Vice-President, and Secretary-Treasurer.

Section 2. Only voting members of the Medical Library Association, Incorporated, may hold office or standing committee chairmanship.

Section 3. The officers shall be elected by paper ballot at the January meeting of the Association, which shall be the Annual Meeting.

Section 4. There shall be standing committees known as Membership and Program. The chairman of these committees shall be appointed by the President, and the members selected by the respective chairman.

ARTICLE VI
DUTIES OF OFFICERS AND COMMITTEES

Section 1. The President shall preside at all meetings, call all special meetings, appoint all committee chairman, and see that the business is properly conducted.

Section 2. The Vice-President shall assist the President in the discharge of all of her duties and shall execute the duties of the President in the absence of that officer.

Section 3. The Secretary-Treasurer shall record all the transactions of the association, collect all money, receive, file and preserve all books, papers and documents belonging to the association, conduct the official correspondence, including notice of meetings.

Section 4. The Membership Committee shall seek to increase the membership of the association and pass on the qualifications of applicants for membership.

Section 5. The Program Committee shall arrange the place and program for the meetings.

ARTICLE VII
MEETINGS

Regular meetings shall be held on the third Wednesday of January, March, May, July, September and November, the time to be determined by the Program Committee.

ARTICLE IX
ORDER OF BUSINESS

Roll call, reading of minutes, report of the treasurer, reports of committees, unfinished business, new business.

ARTICLE X
QUORUM

At all meetings the presence of ten per cent of the members shall constitute a quorum.

ARTICLE XI
PARLIAMENTARY AUTHORITY

The conduct of the meeting shall follow Robert's Rules of Order, Revised.

ARTICLE XIII
AMENDMENTS

Section 1. These by-laws may be amended at any meeting, provided that such amendment has been presented in writing at the previous meeting, and due notice sent to the membership regarding the action to be taken.

Section 2. A two-thirds affirmative vote of the members of the association present and voting shall be required to amend the by-laws.

HEALTH SCIENCE LIBRARIANS OF NORTHWESTERN OHIO

Constitution and By-Laws

ARTICLE I
DEFINITION AND PURPOSE

Section 1. Definition - The Health Science Librarians of Northwestern Ohio is an organization of persons interested in Health Science Libraries.

Section 2. Purpose - Its object shall be to further the exchange of ideas for the mutual benefit of all and to provide a source of continuing education for its members.

ARTICLE II
MEMBERSHIP

Section 1. Membership shall be open to all persons in the Northwestern Ohio area who are interested.

Section 2. Privileges - Voting privileges and office holders shall be restricted to paid-up members.

ARTICLE III
OFFICERS

Section 1. The officers shall be a President and Secretary-Treasurer each of whom shall be elected for a two-year term of office. Elections shall be held at the September meeting.

Section 2. The Duties of President - The President shall preside at all meetings, shall appoint any committee chairman deemed necessary, prepare agendas, and be a member of all committees.

Section 3. The Duties of the Secretary-Treasurer - The Secretary-Treasurer shall collect and record all dues, record meeting proceedings, handle correspondence and also serve as historian.

ARTICLE IV
MEETINGS

Section 1. Meetings shall be held the third Friday of January, April, September and November.

Section 2. Meeting Place - Meetings in so far as is possible, shall be rotated from one location to another in alphabetical order.

Section 3. Quorum - Five members shall constitute a quorum at any regular or special meeting of the Association.

ARTICLE V
DUES

Section 1. Annual Dues - Annual dues shall be determined by a simple majority vote.

Date adopted 9-20-1968